

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/566211

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		①		1		
6	1		1			
7		1		1		
8		2		1		
9		①		1		
10		①		1		
11	1		1			
12		①	1			
13		①		1		
14	1		1			
15		1		1		
16		2		1		
17		2		1		
18				1		
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TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	18	←	16	←		←
TOTAL CLAIMS	22		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						